

Chapter 4

Two Configurations of Personality Development and Psychopathology: Etiologic and Therapeutic Implications

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David Shapiro, in an unpublished paper titled: *On two fundamental categories of psychopathology*,¹ notes that he and I via “different routes,” have “arrived at the same conclusion that there are two fundamental categories of psychopathology.” Shapiro notes “a general congruence” of his concepts of a “rigid mode” and a “passive-reactive mode” (e.g., Shapiro, 1981, 2000) and my formulations of anaclitic and introjective configurations of personality development, personality organization and psychopathology (e.g., Blatt, 1974, 1990, 1991, 2006, 2008; Blatt and Shichman, 1983).² But Shapiro also notes that “on a certain important point concerning both etiology and dynamics... [we] clearly diverge” and he discusses our divergence about “the dynamics of psychopathology and perhaps also its etiology.” This paper articulates more fully this divergence and why I, in contrast to Shapiro, think it important to include aspects of the etiology and dynamics in formulations of the two configurations of psychopathology. I briefly cite studies that demonstrate the validity of some the assumptions about the etiology and dynamics of the anaclitic and introjective

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¹ See Appendix A.

² Shapiro notes one “minor” (p. 3) exception between our formulations of two configurations or two modes of psychopathology – the issue of borderline personality disorder. Shapiro notes that he omitted borderline pathology from his formulations because it is “too vague symptomatically to permit any clear definition of form” (p. 3). He incorrectly notes, however, that I place borderline pathology in the anaclitic category. In fact, John Auerbach and I noted a number of years ago (Blatt and Auerbach 1987, 1988) the complexity of borderline pathology and distinguished two forms of borderline personality disorder – an anaclitic and an introjective form of borderline phenomena. Subsequent empirical research (e.g., Levy et al. 2007; Morse et al. 2002; Ouimette et al. 1994; Westen et al. 1992; Wixom et al. 1993) supports this distinction between one type of borderline personality disorder that is highly dependent and vulnerable to intense feelings of loneliness and interpersonal loss – an anaclitic borderline that conforms to the BPD diagnosis as described in DSM IV, and a more over-ideational introjective form of borderline pathology with obsessive-compulsive and paranoid features that has predominant concerns about issues of self-definition and self-worth.

configurations of personality organization and psychopathology and how these assumptions facilitate the articulation of a theoretically coherent and comprehensive model of psychological development, personality organization and psychopathology that has etiologic as well as therapeutic implications.

Shapiro correctly notes that my formulation of anaclitic and introjective configurations of personality organization and psychopathology is both a developmental and a dynamic theory – what I call a “dynamic structural developmental approach” (Blatt 2008). This approach stresses continuities between personality development, personality organization and psychopathology because they involve common developmental processes and have common developmental precursors. Shapiro, in contrast, discusses two types of character formation – a rigid and a passive-reactive character but has “less confidence in the psychoanalytic developmental model, especially as it is applied to adult psychopathology.” Shapiro notes that he “cannot offer alternative suggestions for the etiology of each of these character forms” because he thinks “it is doubtful that they are heirs of childhood dynamics...” Thus, he states that he has “little to say about etiology” but is describing “two general forms of activity and thought characteristic of adult psychopathology.”

Shapiro describes the phenomenology of two modes of functioning – how individuals in his rigid mode (or in my introjective configuration) “are to one extent or another, rule-directed... and] live with a continual awareness... of authoritative rules” and are dominated by the thought, “I should.” Shapiro contrasts this rigid “rule-based, conscientiousness” with a more adaptive “autonomous conscientiousness of conviction.” He notes that “the rules by which the rigid character lives, or tries to live, are often embodied in authoritative figures whom the rigid person attempts to emulate and identify... and... is constantly evaluating himself against these standards.” But Shapiro notes that there is “little evidence that... [this] rigid conscientiousness necessarily reflects an internalization of rigid or strict parental control” and “may not be the *direct or simple* (emphasis added) product of introjection” ... and is unlikely to “rest on the slender foundation of developmental dynamics.”

Shapiro raises similar questions about his passive-reactive mode or my anaclitic configuration. Consistent with my formulations about the anaclitic configuration (e.g., Blatt 1974, 1998, 2006, 2008; Blatt and Shichman 1983), Shapiro notes that concerns and problems in the passive-reactive mode are largely around interpersonal relations, in contrast to the concerns and problems in the rigid mode or introjective configuration which are primarily around issues of the self. But Shapiro doubts that the defense mechanisms and cognitive style associated with the passive-reactive mode are the “*direct* (emphasis added) products or expressions of earlier relational problems and particular developmental dynamics.” Shapiro proposes “that the nature of the interpersonal issues and problems of these individuals can be derived from the general character form” – of being “unreflective and emotional reactive” and turning “away from introspection and toward external figures and events.” Thus, Shapiro believes it “unnecessary” to see this type of functioning as “the effects of early relational problems” but prefers to view it as “particular expressions of the general character form [that] still allows [us] to recognize that

early relationships will contribute to, perhaps determine, their specific content... [and] that personal history and family dynamics will be a determinant of the general mode.” Though Shapiro notes that the rigid person may attempt to emulate and identify with authoritative figures and that early relationships and personal history and family dynamics may be a determinant of the passive-reactive mode, he believes that the “assumption that the general quality of the adult psychopathology is the heir of the child’s *early* (emphasis added) problems of relationships circumvents the intervening development of character.” Shapiro stresses that adult symptoms are “expressions of adult character” that “differ in fundamental ways from the developmental problems that may have been their source.... Once that character has developed, the dynamics of the pathology has changed.” The sources of anxiety are “not limited to revivals or representations of the original sources... [but] now by whatever threatens the attitudes and stability of that character....” But extensive recent research (see summaries in Blatt 2004; Blatt and Zuroff 1992) demonstrates impressive congruence between the nature of personality organization (anaclitic or introjective) and the type of life stressors (interpersonal loss or personal failure) that threaten “the attitudes and stability of that character.”

Shapiro appears to repudiate any interest in the etiology and dynamics of adult psychopathology because he believes they distract from the articulation of character formation – of “the forms of activity and thought characteristic of adult psychopathology.” Shapiro’s disinterest in matters of etiology and dynamics seems to be the consequence of his belief that adult character and psychopathology are not the “direct or simple” expressions of earlier relational problems and are “not limited to revivals or representations of the original sources.” I agree with Shapiro that adult psychopathology is not the *direct or simple* expression in adulthood of earlier childhood relational problems or limited to the revival or representations of the original sources. But research evidence (e.g., Blatt and Homann 1992) indicates important linkages between childhood experiences and impaired adult functioning and between the nature of personality organization and the life stressors that disrupt adult functioning (Blatt 2004; Blatt and Zuroff 1992). These linkages between childhood experiences and adult personality organization and psychopathology involve complex transformations, but the understanding of these complex transformations can elaborate more fully the nature of psychopathology in adults and contribute to its treatment.³ But Shapiro, in fact, seems to acknowledge developmental antecedents of his two character modes in his comments that the character modes draw “on activity and thought ... characteristic of early childhood that continue to be available in normal adult life” – that the rigid character often “attempts to emulate and identify” with the rules “embodied in authoritative figures” and that “early relationships” and “personal history and family dynamics will contribute to, and perhaps... will be

³These linkages and complex transformations between childhood experiences and adult personality organization may be more apparent in psychopathology than in well-functioning adults because well-functioning adults are more open to changing environmental circumstances and opportunities. This openness to environmental opportunities is more restricted in disrupted functioning.

a determinant of the general [passive-reactive] mode.” In contrast to Shapiro, I believe that understanding matters of etiology and dynamics does not circumvent but rather enrich and elaborate our understanding of the development of personality organization and its relationship to psychopathology and provide the basis for the specification of a coherent and theoretically comprehensive model of psychopathology that has both etiologic and therapeutic implications.

Shapiro notes that the rigid and passive-reactive character are not polar opposites but “actually they are very closely related [in that they are] opposites of full personal autonomy or ...self-direction. Both draw on modes of activity and thought that are *characteristics of early childhood* (emphasis added)” that in “psychopathology are defensively employed, restrictive and hypertrophied.” As Shapiro further notes, “both modes attenuate volitional processes, (and) diminish the experiences of personal agency.... [F]rom this point of view... one should not be surprised to see evidence of both modes or symptoms of both categories in every kind of psychopathology.” Research evidence (e.g., Blatt 1992; Blatt et al. 2007; Blatt and Ford 1994; Blatt and Shahar 2004; Fertuck et al. 2004; Shahar et al. 2003), however, clearly indicates the reliability and validity of classifying most patients as either predominantly anaclitic or introjective. Thus, I disagree with Shapiro that symptomatic expressions of both modes appear in every form of psychopathology, but I do agree that both configurations or modes of psychopathology are characterized by general restrictions of “personal autonomy” and “self-direction,” as well as the quality of interpersonal relatedness.

Shapiro has made outstanding contributions to the understanding of the phenomenology of adult psychopathology, but he seems concerned that an interest in etiology and dynamics might diminish attention to the complexities and vicissitudes of psychopathology in adults. To the contrary, I found that the understanding of the complexities and vicissitudes of psychopathology is enriched by the recognition of the continuities between personality development, personality organization, and the two fundamental configurations of psychopathology because these processes are organized around the same fundamental psychological developmental issues: around (1) the development of the capacity for reciprocal interpersonal relatedness and (2) the development of a differentiated, integrated, realistic, essentially positive self-definition. In the remainder of this paper I briefly elaborate how the identification of these two fundamental processes in psychological development (interpersonal relatedness and self-definition) enabled us to establish conceptual continuity among *personality development* (from infancy to senescence), central aspects of *personality organization*, many forms of *psychopathology*, as well as aspects of the *therapeutic process* (see Blatt 2006, 2008 for a fuller explication of these issues).

Though my research and theoretical formulations of two configurations of personality development and psychopathology began with the articulation of two forms of depression (Blatt 1974, 1998, 2004; Blatt et al. 1976, 1982), these initial formulations were later extended to a broad range of psychopathology (e.g., Blatt 1990, 2006, 2008; Blatt and Shichman 1983). As colleagues and I have noted, many disorders are organized around two primary preoccupations and concerns – with

problematic issues in one or the other of two most basic of developmental psychological processes – around issues of the development of the capacity for interpersonal relatedness or of the development of self-definition or identity. We also noted that a wide range of personality theories, from classic psychoanalytic theory (e.g., Freud 1930) to empirical investigations of personality organization (e.g., Wiggins 1991), are structured around these same two fundamental psychological developmental processes (Blatt 2006, 2008) and that psychological development involves a hierarchical synergetic interaction of these two fundamental developmental processes (Blatt and Blass 1990, 1996; Blatt and Shichman 1983).

It was the identification of the fundamental constructs of interpersonal relatedness and self-definition (or communion and agency; Bakan 1996) that facilitated our recognition of the two primary configurations of psychopathology and the conceptual links between aspects of *personality development*, *personality organization*, *psychopathology*, and the *therapeutic process* (Blatt 2006, 2008). Shapiro has also noted some of these linkages in his observations of the continuity between character formation and psychopathology, but he, in my judgment, underestimates the etiological and dynamic significance of noting that character and psychopathology are both organized around these two fundamental dimensions of personality development. In contrast, I believe that the observation of continuities among personality development (beginning in infancy), personality organization and psychopathology facilitates the articulation of a theoretically coherent and comprehensive model of personality development in which various forms of psychopathology are viewed not as separate and independent diseases, with assumed, but as yet often undocumented, biological origins as considered in DSM-IV, but as maladaptive modes of functioning that develop over the life span (e.g., Blatt and Luyten *in press*, b).

Personality Development

Colleagues and I (Blatt 1974, 1998, 2006, 2008; Blatt and Blass 1990, 1996; Blatt and Shichman 1983) proposed a “two polarities” or “two configurational” model in which processes of interpersonal relatedness and self-definition (or attachment and separation) are fundamental psychological dimensions in personality development, variations in normal personality organization and concepts of psychopathology, as well as in processes of therapeutic change. We elaborated the theoretical implications of these two fundamental dimensions (relatedness and self-definition) in personality development and organization by proposing that personality development evolves, from infancy to senescence, through a *complex dialectic transaction* between these two fundamental psychological dimensions – between the development of increasingly mature, intimate, mutually satisfying, reciprocal, interpersonal relationships and the development of an increasingly differentiated, integrated, realistic, essentially positive sense of self or identity. These two fundamental developmental processes evolve through a life-long, *complex, synergetic, hierarchical, dialectic transaction* such that progress in one

developmental line usually facilitates progress in the other. An increasingly differentiated, integrated, and mature sense of self emerges out of constructive interpersonal relationships and, conversely, the continued development of increasingly mature interpersonal relationships is contingent on the development of a more differentiated and integrated self-definition and identity. Meaningful and satisfying relationships contribute to the evolving concept of self, and a revised sense of self leads, in turn, to a capacity for more mature levels of interpersonal relatedness. The specification of this normal synergistic developmental process provides a basis for identifying adaptive and maladaptive variations of this fundamental developmental process.

Personality development throughout life, from infancy to senescence, proceeds through a hierarchical series of synergistic dialectical interactions between two fundamental developmental processes – between the development of the self and the development of a capacity for interpersonal relatedness. Progress in each of these two dimensions facilitates the development of the other. Throughout life, meaningful interpersonal experiences contribute to a fuller articulation, differentiation and integration of the sense of self that, in turn, facilitates the establishment of more mature forms of interpersonal relatedness. Though the relative balance between these two developmental dimensions and the specific life experiences that contribute to the development of a sense of self and the capacity for interpersonal relatedness varies across individuals and across cultures, these two fundamental dimensions essentially evolve through a basic synergistic developmental process.

Based on these formulations about the processes of personality development, we (Blatt and Blass 1990, 1996; Blatt and Shichman 1983) expanded Erikson's developmental model by including an additional psychosocial stage, cooperation versus alienation, around the age of 4–6 years with the emergent awareness of the triadic structure of the family (the Oedipal phase), the development of operational thinking (e.g., Piaget 1954) and the beginning of cooperative peer play (e.g., Whiteside et al. 1976) and placed this phase at the appropriate point in Erikson's developmental sequence between the “phallic” stage of “initiative versus guilt” and the psychosocial issues of latency – “industry versus inferiority.” This extension of Erikson's formulations enabled us to identify one developmental dimension (self-definition or individuality) as evolving from early experiences of separation and autonomy from the primary caregiver, to a capacity to initiate activity first in opposition to the other and later proactively, to industry with sustained goal-directed activity that has direction and purpose, to the emergence of individuality and a “self-identity.” The addition of an intermediate stage of cooperation to the Erikson model facilitated the identification of phases in the development of interpersonal relatedness that evolve from the sharing of affective experiences between mother and infant (e.g., Beebe and Lachmann 1988; Stern 1985) with a concomitant sense of basic trust (e.g., Erikson 1950), to a capacity for cooperation and collaboration with parents and peers, to the evolution of a close friendship with a same-sex chum (Sullivan 1953), to the development of mutual, reciprocal, enduring intimacy. Thus, the articulation of the processes of interpersonal relatedness and self-definition enabled us to identify two fundamental developmental pathways (e.g., Fischer et al. 1997; Sroufe 1997)

in both normal and disrupted psychological development and to recognize their synergistic developmental interaction.⁴

Although this broadened Eriksonian model is still too sketchy to capture fully the details of the infinitely complex processes of human psychological development (Blatt and Luyten, *in press*, a), it does articulate the reciprocal synergistic development of two dimensions throughout life, from infancy through the early developmental years until adolescence at which time the developmental task is to integrate these two developmental dimensions of relatedness and self-definition (or attachment-separation or communion-agency) into the comprehensive structure Erikson called “self-identity” (Blatt and Blass 1990, 1996) or a self-in-relation (Blatt 2006, 2008). Hence, adolescence is a crucial time for a synthesis that can result in the formation of a consolidated identity or the emergence of many forms of psychopathology, particularly personality disorders that are characterized by failures to integrate these two fundamental developmental processes (Blatt and Luyten, 2010b).

Personality Organization

Well-functioning personality organization involves an integration or balance in the development of interpersonal relatedness and of self-definition. Each individual, however, even within the normal range, places a somewhat greater emphasis on one or the other of these dimensions. Some individuals, more often women, tend to place somewhat greater emphasis on relatedness (an anaclitic personality organization), while other individuals, more often men, place somewhat greater emphasis on self-definition (an introjective personality organization). We (Blatt 1974; Blatt and Shichman 1983) used the term *anaclitic* for the personality organization focused predominantly on interpersonal relatedness, a term taken by Freud (1963) from the Greek *anklitas* – to rest or lean on, to characterize all interpersonal relationships that derive from dependency experienced in the context of the mother–child relationship (Laplanche and Pontalis 1974; Webster et al. 1960).

⁴The evolving capacities for autonomy, initiative, and industry in the self-definitional developmental dimension progress in an alternating sequence with the development of relational capacities. For example, one needs a sense of basic trust to venture in opposition to the need-gratifying other in asserting one’s autonomy and independence, and later one needs a sense of autonomy and initiative to establish cooperative and collaborative relationships with parents and peers. Development begins with a focus on interpersonal relatedness – specifically with the stage of trust versus mistrust – before proceeding to two early self-definitional stages: autonomy versus shame and initiative versus guilt. These early expressions of self-definition are then followed by the newly identified stage of interpersonal relatedness, cooperation versus alienation, and then by two later stages of self-definition, industry versus inferiority and identity versus role diffusion. These more mature expressions of self-definition are followed by the more advanced stage of interpersonal relatedness, intimacy versus isolation, before development proceeds to two mature stages of self-definition, generativity versus stagnation and integrity versus despair (Blatt and Shichman 1983).

The term *introjective* refers to a personality organization primarily focused on self-definition, a term used by Freud (1917) to describe the processes whereby values, patterns of culture, motives, and restraints are assimilated into the self (e.g., made subjective), consciously or unconsciously, as guiding personal principles through learning and socialization (Webster, 1966; Webster et al. 1960).

This relative emphasis on interpersonal relatedness and self-definition delineates two basic personality or character styles, each with a particular experiential mode; preferred forms of cognition, defense, and adaptation; unique qualities of interpersonal relatedness; and specific forms of object and self-representation (Blatt 2006, 2008; Luyten et al. 2005a, 2005b). Thought processes in the *anaclitic personality style* are more figurative and focused primarily on affects and visual images, characterized by simultaneous rather than sequential processing and an emphasis on the reconciliation and synthesis of elements into an integrated cohesion rather than a critical analysis of separate elements and details (Szumotalska 1992). The anaclitic personality style is characterized by a predominant tendency to seek fusion, harmony, integration, and synthesis. The focus is upon personal experiences – on meanings, feelings, affects, and emotional reactions. These individuals are primarily field dependent (Witkin 1965), very aware of and influenced by environmental factors. Thought processes in the *introjective personality style*, in contrast, are much more literal, sequential, linguistic, and critical. Concerns are focused on action, overt behavior, manifest form, logic, consistency, and causality. These individuals tend to place emphasis on analysis rather than on synthesis, on the critical dissection of details and part properties rather than on achieving a total integration and an overall gestalt (Szumotalska 1992). These individuals are predominantly field independent (Witkin 1965), their experiences and judgments are primarily influenced by internal rather than environmental factors. Thus, the two personality dimensions of relatedness and self-definition develop through the life cycle, each influencing the shape and meaning given to psychological experiences (Blatt 2006, 2008). Extensive research demonstrates the validity of the distinction of anaclitic and introjective personality styles in nonclinical samples (see summaries in Blatt 2004, 2008; Blatt and Zuroff 1992; Luyten et al. 2005a; Zuroff et al. 2004).

Extensive research (see summary in Blatt and Homann 1992) documents the unique developmental antecedents of these two types of personality organization. This research is based primarily on retrospective reports of childhood experiences and though some questions have been raised about the accuracy of these retrospective reports (e.g., Lewinsohn and Rosenbaum 1987), Brewin and colleagues (Bewin et al. 1990, 1993) demonstrated the validity of retrospective reports. Though only a handful of prospective longitudinal studies are available (e.g., Gjerde et al. 1991; Koestner et al. 1991; Lekowitz and Tesiny 1984), their results support the conclusions of Brewin and colleagues (1990) about the validity of retrospective reports and the relation between adverse early experience and later psychopathology, often involving severe parental maltreatment. Consistent with the extensive research on attachment styles that demonstrates the continuity of secure and insecure attachment styles from early childhood (12–18 months) into adulthood, longitudinal research by Koestner and colleagues (1991) found that mothers' reports of parenting

practices collected when their children were 5 years old was significantly related to the children's report of self-critical tendencies at age 12 and disrupted functioning at age 31. Children of mothers who had been rated by observers as rejecting and restrictive when their children were age 5, were more likely to be self-critical at age 12. In females, this self-criticism was still evident when these children were adults (31 years). Self-critical 12-year-old boys, however, tended not to be self-critical at 31 years, but instead reported greater aggressive impulses, although not necessarily aggressive actions. Thus, the findings of Koestner et al. (1991) indicate that rejecting, restrictive parenting in earlier childhood predicted self-criticism at age 12 in both boys and girls, especially when received from the same-sex parent, and that this self-criticism at age 12 had continuity with problematic functioning in adulthood.

Noteworthy is a recent report by Beebe and colleagues (2007) that demonstrated how mother's personality organization influences infant's development of self- and interactive regulation as early as 4 months of age. Using the Depressive Experiences Questionnaire (DEQ; Blatt et al. 1976, 1979), Beebe and colleagues assessed, 6-weeks post delivery, the extent to which primiparous mothers of a healthy first-born child in an ethnically diverse, low-risk sample of well-educated women experienced feelings of dependency or disturbances in self-worth and self-criticism (anaclitic and introjective issues) – the two dimensions I consider central in personality development, personality organization, and psychopathology. Beebe and colleagues examined the impact of these feelings of dependency and self-criticism in the mothers on interactive play patterns these mothers had with their infants 4 months after the infants' birth. Using well-established split screen analyses of mother–infant interaction, Beebe and colleagues (2007) found that elevated maternal scores on dependency and self-criticism both significantly predicted lower infant self-regulation at 4-months of age. But these two dimensions predicted very different patterns of mother–infant interactive regulation at 4-months. Dependent mothers had heightened facial and vocal coordination with their infants – an “attentional vigilance” that was accompanied by heightened emotional activation of the infants. Infants of these dependent mothers showed a similar emotional vigilance and an intense reactivity to shifts in mother's affective shifts. This heightened vigilance and dyadic symmetry of mother and infant indicates excessive maternal concern about the infant's availability that limits the infant's individuation and affect regulation.

In contrast, mothers with elevated scores on self-criticism had difficulty sharing their infant's attentional focus and emotional variations. These mothers appeared to try to compensate for their disengagement with their infants by touching their infants more frequently, a more neutral type of engagement than sharing facial expressions, voice quality or visual gaze. In response to the disengagement of self-critical mothers, their 4-month old infants seemed to disengage from their mother by withdrawing vocal quality coordination. This distancing and disengagement in self-critical mothers and in their infants appear to be the precursors of dismissive insecure attachment. The intense involvement of dependent mothers and their infants, in contrast, appear to be the precursors of preoccupied or anxious-ambivalent insecure attachment. It remains for subsequent research to examine the relationship

among these early interpersonal interactive patterns observed at 4 months of age, attachment patterns observed in the second year of life, and the development of anaclitic and introjective forms of personality organization and psychopathology. Of course, mothers with relatively low levels of dependency and self-criticism, mothers who effectively and appropriately engage with their infants, would be expected to contribute to the development of a secure attachment pattern in their infants.

Psychopathology

Biological predispositions and severely disruptive environmental events can interact in complex ways to distort the integrated synergistic developmental process of relatedness and self-definition (see also Cicchetti and Gunnar 2008) and lead to a defensive and exaggerated emphasis on one developmental dimension at the expense of the other. These deviations can be relatively mild in normal personality or character variations, as discussed above, but these deviations can also be quite extreme. The more extensive the deviation, the greater the exaggerated emphasis on one developmental line at the expense of the other, the greater the possibility of psychopathology. Severe disruptions of the synergistic dialectic developmental process at different points in development can lead to various forms of psychopathology described in Axis I and Axis II of the DSM, from schizophrenia and depression to the personality disorders. The nature of this distorted one-sided emphasis identifies two primary configurations of psychopathology. *Anaclitic* forms of psychopathology (e.g., undifferentiated schizophrenia, abandonment depression, and the borderline, dependent and histrionic personality disorders) all involve, at different developmental levels, a distorted one-sided emphasis on interpersonal relatedness. *Introjective* forms of psychopathology (e.g., paranoid schizophrenia and the paranoid, obsessive-compulsive, self-critical depressive, and narcissistic personality disorders), in contrast, are characterized, at different developmental levels, by a distorted and one-sided emphasis on self-definition (Blatt 2006, 2008; Blatt and Shichman 1983).⁵

Again, considerable research evidence (e.g., Blatt 2004, 2006, 2008; Blatt and Zuroff 1992) supports the validity of this distinction of two primary configurations of psychopathology. Anaclitic and introjective patients have very different early and later life experiences and different concerns and preoccupations (e.g., Blatt and Homann 1992; Blatt and Zuroff 1992) and respond differentially to different types

⁵Although psychopathology in most patients is organized primarily around one configuration or the other, some patients may have predominant features from both the anaclitic and introjective dimensions and their psychopathology could derive from both configurations (see Blatt et al. (1982) and Shahar, Blatt and Ford (2003) for investigations of patients with mixed anaclitic and introjective characteristics, and Blatt (2008), for a corresponding clinical example).

of therapeutic interventions (e.g., Blatt 1992; Blatt et al. 2008; Blatt and Ford 1994; Blatt and Shahar 2004; Blatt and Zuroff 1992; Fertuck et al. 2004). Clinical investigators from different theoretical orientations (e.g., Arieti and Bemporad 1978; 1980; Beck 1983; Blatt 1974, 1998, 2004; Bowlby 1988a, b), for example, have identified two fundamental dimensions in depression (Blatt and Maroudas 1992) – an anaclitic dimension centered on feelings of loneliness, abandonment, and neglect and an introjective dimension focused on issues of self-worth and feelings of failure and guilt. Extensive empirical investigations (see summaries in Blatt 2004; Blatt and Zuroff 1992; Luyten et al. 2005) have consistently indicated differences in the current and early life experiences of these two types of depressed individuals (Blatt and Homann 1992) as well as major differences in basic character style, relational and attachment style (Luyten et al. 2005b), and clinical expression of depression (Blatt 1974, 1998, 2004; Blatt and Zuroff 2005) as well as therapeutic response (Blatt 2004, 2008; Blatt and Zuroff 2005). These differences are also found in postpartum depression (Besser et al. 2008), suggesting that it is more productive to focus on underlying personality dynamics as the basis for the classification of depression than on manifest symptoms.

The differentiation between individuals preoccupied with issues of relatedness and with issues of self-definition has also enabled investigators to identify an empirically derived, theoretically coherent, replicated taxonomy for the diversity of personality disorders described in Axis II of the DSM. Systematic empirical investigation with both inpatients and outpatients found that various Axis II personality disorders are meaningfully and in theoretically expected ways, organized into two primary configurations – one organized around issues of relatedness and the other around issues of self-definition (for reviews, see Blatt 2004, 2008). Congruent with theoretical assumptions (e.g., Blatt and Shichman 1983), these studies have generally found that individuals with a dependent, histrionic or borderline personality disorder have significantly greater concern with issues of interpersonal relatedness than with issues of self-definition, while individuals with a paranoid, schizoid, schizotypic, antisocial, narcissistic, avoidant, obsessive-compulsive or self-defeating personality disorder usually have significantly greater preoccupation with issues of self-definition than with issues of interpersonal relatedness. These findings are supported further by attachment research showing that personality disorders can be similarly organized in two-dimensional space defined by attachment anxiety reflecting anaclitic concerns, and by attachment avoidance reflecting introjective issues (Blatt and Luyten 2010b; Meyer and Pilkonis 2005). As noted earlier (footnote # 1), several studies have provided evidence for a distinction between an anaclitic versus an introjective type of borderline personality disorder (Blatt and Auerbach 1988; Levy et al. 2007; Morse et al. 2002; Ouimette et al. 1994; Westen et al. 1992; Wixom et al. 1993).

Thus, the two configurations model establishes conceptual continuity between processes in normal psychological development, variations in normal personality or character organization and concepts of psychopathology. In this view, psychological development is a life-long personal negotiation between two fundamental dimensions in human affairs, interpersonal relatedness and self-definition.

Psychological development, from infancy to old age, occurs as a synergistic interaction between these two fundamental polarities, with most individuals favoring to varying degrees either the relatedness (anaclitic) or the self-definition (introjective) dimension, and with the two polarities existing in dynamic tension in normal functioning (Blatt and Blass 1990, 1996; Blatt and Shichman 1983). Extensive empirical research (see summaries in Blatt and Zuroff 1992; Blatt 2004) supports the validity of two broad types of personality organization and documents how these two types of individuals engage and experience life in very different ways.

These same two dimensions, anaclitic concerns about interpersonal relations and introjective concerns about self-definition and self-worth, are central in psychopathology. Exaggerated emphasis on one of the two developmental dimensions at the expense of the other is expressed at different developmental levels in a wide variety of psychological disorders. A broad array of empirical research supports this view of psychopathology, not as clusters of present or absent symptoms, but rather as compensatory exaggerations of the normal polarities of relatedness and self-definition. This conceptualization not only establishes conceptual continuity between personality development and psychopathology but it also has important therapeutic implications. Anaclitic and introjective persons respond differently to specific dimensions of the therapeutic process and express therapeutic progress in different ways in a wide variety of therapeutic approaches.

The Therapeutic Process

Research evidence with both inpatients and outpatients in both long-term intensive and brief treatment (Blatt 1992; Blatt et al. 2007; Blatt and Ford 1994; Blatt and Shahar 2004; Blatt and Zuroff 2005; Fertuck et al. 2004; Vermote 2005) indicates that anaclitic and introjective patients are differentially responsive to different aspects of the treatment process and express therapeutic progress in different, but equally constructive ways – they express therapeutic progress along dimensions most relevant to their personality organization. Therapeutic change in the long-term intensive inpatient treatment of seriously disturbed treatment resistant anaclitic patients occurred primarily in the quality of their interpersonal relations with other patients and staff and in the quality of their representation of the human form in responses to the Rorschach. Therapeutic change in introjective patients occurred primarily in the frequency and intensity of their manifest symptoms and in the level of their cognitive functioning on psychological tests – a significant increase in IQ (Blatt and Ford 1994). Both anaclitic and introjective patients had substantial reduction in thought disorder on the Rorschach, but on different types of thought disorder. Significant reduction in thought disorder in anaclitic patients occurred mainly in thought disorder indicating disturbances in establishing and maintaining boundaries between independent objects or thoughts (Contamination responses) and between realistic experiences and intense personal reactions to these experiences (Confabulation responses), responses that indicate difficulty maintaining the

boundary between inside and outside the self. Significant reduction in thought disorder in introjective patients, in contrast, occurred primarily on responses that expressed referential thinking in the attribution of an arbitrary and inappropriate relationship between separate and independent objects because of their spatial or temporal contiguity (Fabulized Combination responses). It seemed consistent that therapeutic progress in seriously disturbed anaclitic patients who have intense and sometimes primitive longings for merger and interpersonal closeness, would be expressed primarily in a reduction of thought disorder expressing disturbances in establishing and maintaining boundaries. It also seemed consistent that therapeutic progress in seriously disturbed over-ideational introjective patients would be expressed primarily in a reduction of the attribution of arbitrary and illogical relationships between independent percepts (Blatt et al. 2007).

Anaclitic patients appear to have a more constructive therapeutic response to the supportive dimensions of the treatment process that inhibit associational and referential activity, whereas introjective patients have a better therapeutic response to the more interpretative dimensions of the treatment process (Blatt and Shahar 2004; Fertuck et al. 2004) that encourage associational activity. Anaclitic patients appear to do better in a supportive therapeutic context that contains these affective labile, emotionally overwhelmed and vulnerable patients whereas a more intensive, exploratory and interpretative therapeutic context appears to facilitate the therapeutic response of the more distant, interpersonally isolated introjective patients (Blatt 1992; Blatt and Shahar 2004). These differences in therapeutic response suggest fundamental differences in the dynamic organization of these two groups of patients.

The formulations of the two configuration model of personality development and psychopathology suggests that the fundamental synergistic developmental interaction of processes of interpersonal relatedness and self-definition in normal psychological development, as discussed earlier, also appears to occur in processes of therapeutic change (Blatt 2002) indicating a common developmental pathway in effective treatments. Effective interventions act through experiences of engagement and disengagement, of attachment and separation, of gratifying involvement with others and experiences of incompatibility with aspects of that involvement in the treatment process, as it does throughout life (Behrends and Blatt 1985; Blatt and Behrends 1987). Sustained and consolidated progress in psychotherapy seems to involve the reactivation of the normal synergistic developmental process in which interpersonal experiences in the therapeutic relationship contribute to revisions in the sense of self that lead to more mature expressions of interpersonal relatedness that in turn contribute to further refinements in the sense of self (Blatt 2002). Findings by Safran and Muran (2000) in the study of the repair of ruptures in the therapeutic alliance provide empirical support for this view of the reactivation of the normal synergistic developmental process in the later phases of the treatment process (Blatt et al. *in press*).

Safran and Muran (2000), discussing the resolution or repair of ruptures in the therapeutic alliance, distinguish two types of ruptures: withdrawal and confrontation (or complaints). Withdrawal ruptures include denial, minimal response, shifting the

topic, intellectualization, storytelling, and extensive talking about others. Confrontation ruptures include attacks on the therapist as a person or on his or her competence, irritation about the activities or parameters of the therapy, the lack of therapeutic progress or dissatisfaction about being in therapy. Withdrawal from involvement with the therapist would be more typical for interpersonally oriented anaclitic patients while confrontation would be more characteristic of self-oriented introjective patients.

Safran and Muran (2000) found that empathic statements by the therapist to withdrawal ruptures evoke experiences of disavowed unmet needs for nurturance that underlie the extensive interpersonal demands of the patient. The direct expression of these intense needs for nurturance is, according to Safran and Muran, “an important act of self-assertion” because it enables the patient “to begin to take responsibility for ... (these) demands, rather than expressing them indirectly” (p. 154). Thus, the resolution of withdrawal ruptures, typical of the more passive dependent anaclitic patients, involves an assertive, agentic expression of disavowed needs for nurturance. The resolution of confrontational ruptures in the more interpersonally isolated introjective patients, in contrast, involve the exploration of the “construal of the futility of the situation... and the underlying feelings of desperation.” Safran and Muran (2000) noted how these explorations lead to the emergence of underlying “fears of abandonment... and access to feelings of vulnerability and the need for nurturance” (p. 174). Thus, the resolution of confrontational ruptures, typical of self-oriented introjective patients, leads to the emergence of underlying interests in interpersonal relatedness (anaclitic issues), feelings that are defended against in introjective individuals. In contrast, the resolution of withdrawal ruptures, typical of interpersonally oriented anaclitic patients, lead to the emergence of self-assertive (introjective) activity. Thus, therapeutic progress appears to involve the emergence of the other voice.

The reactivation of the normal synergistic developmental process in treatment results in modifications and revisions in the representation of self and significant others (Blatt and Behrends 1987; Blatt et al. 1996; Harpaz-Rotem and Blatt 2005, 2009). Sequential experiences of engagement and disengagement in the treatment process result in the reduction and revision of distorted, impaired, possibly pathological, representations of self and significant others and to the development of new, revised, more articulated, differentiated, and integrated representations of self, of others, and of their actual and potential relationships (e.g., Blatt et al. 1996, 2008; Diamond et al. 1990; Gruen and Blatt 1990; Harpaz-Rotem and Blatt 2005, 2009). Activation of distorted representations of self and of significant others in the treatment process provides the patient and the therapist the opportunity to observe, understand and revise distorted interpersonal representations and to establish more adaptive schemas. These revised internalizations are expressed behaviorally and psychologically in more mature levels of self-definition and of interpersonal relatedness and in symptom reduction and the development of enhanced adaptive capacities (Blatt et al. 2010).

From this perspective, change in representational structures in the therapeutic process is similar in fundamental ways to the processes of normal psychological development. These changes include differentiated and integrated representations of self and others that are necessary for understanding interpersonal relationships and to effectively navigate the social world. The systematic study of these revisions in representations or cognitive-affective schemas of self and of others provides a method for assessing the extent and nature of therapeutic change – the reparative interpersonal therapeutic process in which individuals are able to move toward more mature levels of self-definition and more mature levels of interpersonal relatedness with a capacity to find personal satisfaction in mutually enhancing and facilitating interpersonal relationships (e.g., Blatt et al. 1998, 1996; Calabrese et al. 2005; Eklund and Nilsson 1999; Phillips et al. 2006; Piper et al. 2002). Thus, the aim of treatment is not just to reduce symptoms or improve interpersonal functioning, but to enable individuals to resume normal psychological development.

Summary

Research findings support the anaclitic-introjective diagnostic differentiation in both non-clinical and clinical samples as well as assumptions about the developmental antecedents and some of the dynamic issues inherent in these two personality styles and two configurations of psychopathology. Focus on etiology and dynamics facilitated the identification of continuities between personality development, personality organization, and psychopathology because they are all organized around the fundamental issues of interpersonal relatedness and self-definition. This focus also provides an alternative to the DSM model of psychopathology – an alternative comprehensive theoretical model that stresses that psychopathology results primarily from disruptions of normal developmental processes and are not separate diseases that have presumed, but as yet frequently undocumented, biological antecedents. So, while Shapiro and I agree about two fundamental categories of psychopathology, we differ about the etiologic and dynamic implications of our observations of two modes of character (passive-reactive and rigid) or the two primary configurations of personality development, personality organization and psychopathology (anaclitic and introjective). While research findings support the differentiation of the two character modes and the two configurations of personality organization and psychopathology, research findings also provide support for the formulation of a dynamic structural developmental model of personality development and psychopathology – a model that identifies conceptual continuities between personality development, personality organization, and different types of psychopathology, which has etiological as well as therapeutic implications.

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Reply to Sidney Blatt

David Shapiro

Since Dr. Blatt refers in some detail to an earlier, unpublished, paper of mine in which I discussed his work, I shall limit myself here to a further clarification of those issues which separate us, and also some corrections of his characterization of my views and interests. The issues, as Blatt indicates, have to do with his understanding and mine of what seem to both of us to be two general categories of psychopathology, which he describes as anaclitic and introjective configurations and I understand as passively reactive and rigid styles. More is involved here than choice of words.

First, the corrections. Blatt attributes to me an indifference to matters of etiology and dynamics. As far as etiology is concerned, perhaps he had in mind that I have in the past, perhaps too modestly, but also for a specific reason, disclaimed any extensive proposals regarding the causes of psychopathology. However, I have offered, in my book *Autonomy and Rigid Character*, a view of the development of personal autonomy, to which cognitive development as well as personal relationships was central. In my last book, *Dynamics of Character*, I returned to that subject and proposed a general conception of the defensive reliance on early modes in psychopathology as an alternative to the psychoanalytic idea of regression; the regression concept has always seemed too vague psychologically to me. But I have never proposed a theory of first causes and, in fact, have none to speak of. Many years of clinical work have left me far less confident of such theories than I was at the beginning of my career. It has also left me with the conviction that a deep and reliable understanding of the causes of psychopathology can be achieved only *after a clear and specific* understanding of its nature. To attempt otherwise – and there has been no scarcity of such attempts – with plausible surmises about causes made on the basis of insufficiently specific understanding of the object of explanation leads, with enough simplification of complicated phenomena, to the inevitable, but illusory confirmation of those surmises.

As to Blatt's notion that I "repudiate" interest in the subject of the dynamics of psychopathology; I am puzzled. I have discussed that subject in each of my books, and it is the title and main subject of my last book *Dynamics of Character: Self-regulation in Psychopathology*. I can think of two reasons for Blatt's mischaracterization. As I have said in my Introduction to a recent edition of *Neurotic Styles*, I originally did not make the defensive function of those styles sufficiently emphatic, although it is the explicit subject of the last two sections of the book. At any rate, my analysis of those defensive styles has been taken as merely descriptive by some readers. The reason for that failing of mine, if it was that, is that what clinicians actually see of neurotic conditions is not so much anxiety, but the means by which anxiety is avoided, and these are what I described and analyzed in *Neurotic Styles*.

However, there may be another, more interesting, reason for Blatt's impression, namely that my conception of the dynamics of psychopathology is different from his. Blatt's is a dynamics of particular early needs and their developmental derivatives, and defensive compensations for them. Mine is a conception of an agency-restricting, therefore anxiety-forestalling, character structure, under strain on account of its defensively restrictive nature, though generally elastic enough to be stable. I will return to this subject later.

Blatt's assertion of two general categories of psychopathology, his general description of those two categories, his rejection of the psychiatric picture of symptomatically diverse conditions in favor of an understanding of psychopathology emerging from personality – all this, supported by extensive research, is valuable and persuasive. Certainly it is consistent with my own conclusions. It is the claim of a universal dynamic significance of two fundamental needs, the need for interpersonal relatedness and the need for self-definition, underlying the two categories that I question. Interpersonal relatedness and self-definition are broad concepts and a lot can be squeezed into them and their sometimes remote derivatives. But they cannot include everything, at least not without vagueness, a blurring of distinctions and a loss of understanding of the specific processes involved. Maybe one can find the need for self-definition within obsessive regret or paranoid projection, but it is hard to see how it can characterize those processes. Maybe one can see the hysteric's faintness of personal authority and responsibility as caused by problems of interpersonal relatedness, but it is much easier to see it the other way round: the exaggerated perception of the authority of the other, and dependence, as the consequences of that faintness of personal authority.

But there is another, perhaps more important, issue here to which I have already alluded: the issue of character structure and its relation to dynamics. By psychological structure I mean something analogous to its architectural meaning: the structure is what holds the building up and gives it its essential form. Blatt says his conception is structural as well as a dynamic, but it is not. It has structural elements – he refers, for instance, to cognitive styles – but it presents no picture of a relatively stable, self-regulated personality. In adult neurotic conditions such a personality, or character, has been formed and gives symptoms their shape. This character, its organization of attitudes or ways of thinking, serves defensive aims; that is, it serves to forestall or dispel anxiety by restricting self-awareness, particularly the experience of personal agency. Insofar as it is restrictive of the experience of personal agency – the experience of oneself wanting and choosing to do something and doing it – it curtails spontaneity in one person, deliberateness in another. Neurotic character, because it is restrictive of subjective life, is never altogether free of tension, and neurotic people are never altogether free of some incongruence between what they think or feel and what they believe they think or feel; that is, never free of some self-deception. Under special circumstances this defensive self-deception is strained, and an experience of anxiety or discomfort will impel some self-protective reinforcement of the restrictive character style; in other words, the rigid person will become more rigid. Neurotic character, therefore, is self-regulating, even if not comfortable. It is this total process that may be described as its dynamics.

At the same time, this character, its attitudes and its “ways of being,” even in their exaggerated forms, can also serve adaptive aims: the industriousness of the obsessive, the charm of the hysteric, even the psychopath’s decisiveness. Altogether, neurotic character is, despite its tension and self-deception, still in ordinary circumstances a working and relatively stable, to some degree elastic, organization of attitudes and ways of being. Its stability can in fact be measured by its considerable resistance even to therapeutic change. It is an autonomous, self-regulating organization, an emergent phenomenon, in the sense that Craig Piers describes. That is why it is easy to detect childhood antecedents of adult personality or psychopathology, but impossible, so far, to predict them. Its dynamics are no longer energized by or dependent upon those sources originally responsible for its existence, or their derivatives, no longer limited to its original defensive functions and no longer threatened only by its original anxieties. What excites anxiety and impels defensive or self-protective measures in the neurotic character is what threatens its present stability, what is incompatible with its present attitudes: thus, spontaneity in the rigid character, assertiveness in the timid (“Gee, I hope I’m not becoming a tough New Yorker!”). What is threatening therefore will include whole classes of circumstances, actions, aims; perhaps above all, attitudes contained in aims or actions that enlarge the experience of personal agency. Particular, historically important anxieties may still be active, but they will be to the extent that the perspective of the present character has revived them and given them their significance.

Blatt describes the introjective conditions as ones in which the person is defensively engaged with himself, whereas the anaclitic individual’s neurotic preoccupation is with interpersonal relations. But in fact the individual is engaged in conflict with the self in all neurotic conditions, in hysterical character no less than in obsessive-compulsive character. Self-consciousness, which is the signature of obsessive conditions, should not be confused with the existence of internal conflict. It is only that such conflict is less conspicuous, less consciously in evidence, in the hysterical case, as in passively reactive conditions in general, precisely because the defensive inhibition or avoidance of reflectiveness makes it so. Blatt sees the focus on interpersonal relations in hysterical character as the central one from which all other traits and symptoms flow. But how, for example, does the ephemeral quality of these individuals’ emotionality, their impetuosity and, for that matter, the inconstancy of their attachments follow from an exaggerated dependence on others?

There are also problems with Blatt’s second, “introjective,” category, comprising mainly obsessive compulsive and paranoid conditions. We know these conditions – speaking for the moment mainly of obsessive and compulsive conditions – to be characterized by a special, rigid form of conscientiousness. However, the supposition that this kind of conscientiousness is the result of early internalization, or introjection, of, presumably severe, authority has little or no justification. In some cases that supposition does seem justified, as I myself have said elsewhere, but by no means all. It is not unusual – judging from my own practice it is more the rule than the exception – that even severely obsessive or compulsive, even paranoid individuals have in fact not been subject to such parental authority. One can only conclude from this that other etiological factors are, not only involved, but may be decisive.

I have pointed out one such likely factor, in cognitive development. It has to do with the fact that the strict conscientiousness of rigid characters is of a special kind, as Blatt notes. It is a conscientiousness of rules, that is, a continual awareness of obligatory rules, experienced usually as a subjective experience of "I should..." A normal conscientiousness, on the other hand, is a conscientiousness of personal conviction; it is largely unselfconscious and consists, one might say, of educated values. All young children are full of rules and are often quite rigid in following their requirements. These are certainly in large part adopted on the strength of parental authority. However, they are not infrequently rules of their own making, based only on precedent – it has been that way, therefore it must be that way again – and often exasperating to the adults around them. Some years ago the famous psychologist Kurt Lewin noted that this phenomenon was particularly exaggerated in intellectually retarded children (called "feeble-minded" at the time). In fact, he noted that this "strict adherence to the rules" had "an appealing appearance of moral rectilinearity (sic)." In other words, it strongly resembled the moralizing rigidity of obsessive compulsives. However, this "moral rectilinearity" was not based on internalized authority, or introjection, but on cognitive limitations. I am not suggesting, of course, that the rigidity of the neurotic adult is a matter of cognitive limitations. But it may be that the source of the particular kind of rule based conscientiousness characteristic of individuals within Blatt's introjective category is not entirely introjective at all. It may, in fact, be an attitude common to the early cognitive development of all of us, only employed, with both historical and contemporary materials, and exaggerated to satisfy defensive requirements, in some of us.

There is one other matter I would like to discuss further with Dr. Blatt. As he mentions, in my view, that is, from a formal standpoint, the two categories of psychopathology, rigid and passively reactive, are not actually polar opposites, though they may seem to be. They are in fact very closely related, each being an anxiety forestalling or defensive restriction of personal autonomy and experience of agency. Both draw on modes of activity and thought characteristic of early childhood and, though superseded by more mature modes, both continue to be available in normal adult life. In psychopathology they are, as I indicated, hypertrophied and defensively employed; in one case, agency is ceded to the authority of rules, in the other to immediate and unreflective reaction to external figures and circumstances. From this standpoint the distinction between the two modes is not as sharp as Blatt's, basically content-defined, categories implies. Blatt does agree that both modes are characterized by restrictions of personal autonomy, but he disagrees that symptomatic expressions of both are to be found in all psychopathology. But in fact a flighty, hysterical character is never altogether without "shoulds," and an obsessive person faced with a personal choice will, if he cannot find a decisive rule, make the choice with an impulsive leap. In other words, neither the rigid nor the passively reactive person is able to make a deliberate decision on the normal basis of what he or she wants. This shifting from one mode to another is especially clear in young children where one sees rigidity, of the established-precedent sort that I described, and an immediate reactivity and distractibility side by side. I would be interested in Dr. Blatt's comments on that phenomenon and, also, any observations from his work with chronic schizophrenics he may have in respect to this matter.

Interpersonal Relatedness and Self-definition: Fundamental Developmental Psychological Dimensions

Sidney J. Blatt

I want to express my appreciation to Craig Piers for inviting me to engage in this dialogue with David Shapiro about our shared formulations of two primary configurations or modes of psychopathology and to David Shapiro for clarifying his position on matters of etiology and dynamics and for raising important questions that allow me to clarify further my formulations of two primary configurations of personality development, personality organization and psychopathology.

Shapiro and I not only concur that many forms of psychopathology are organized in two primary configurations, or two primary modes of adaptation in Shapiro's terms, but both of our efforts are based on the premise that understanding of the causes (as well as the treatment) of psychopathology can only be achieved with a full understanding of the nature of psychopathology. Understanding the nature of psychopathology is essential not only for investigating the etiology of psychological disturbances, but it is also essential for developing effective modes of intervention and prevention. Shapiro's articulation of two primary experiential modes – the rigid and the passive-reactive modes – and my formulations of the anaclitic and introjective configurations of personality development and psychopathology provide important clarification of the nature of psychopathology that have facilitated clinical practice and clinical research.

Shapiro's original comments on my formulations of two primary configurations of personality development and psychopathology, and his response to my reactions to his initial comments, makes it clear that despite the considerable congruence in our views about the nature of psychopathology, Shapiro has primary concerns about my assertion of the universal dynamic significance of two fundamental developmental processes of interpersonal relatedness and self-definition or identity in personality development, personality organization, psychopathology and in the therapeutic process. Shapiro seems concerned that I use these developmental constructs too broadly, in ways that are vague and lead to blurring of distinctions and a loss of understanding. Before responding to these concerns, let me note that I think of these two psychological dimensions of interpersonal relatedness and self-definition, not as "needs" as Shapiro seems to view my formulations, but as two fundamental developmental psychological processes that usually progress through life, from infancy to senescence, in a hierarchically organized, dialectic, synergistic transaction, such that progress in one developmental line reciprocally facilitates development in the alternate developmental line. And I view psychopathology as the consequence of severe disruptions, at various points in development, of this fundamental dialectic developmental process. These developmental disruptions not only contribute to individuals defensively developing exaggerated preoccupation with one of these developmental

dimensions to the neglect of the other, but these exaggerated preoccupations are associated with particular modes of adaptation: (a) with particular types of defenses (counteractive or avoidant), (b) with particular types of cognitive functioning in which, in one mode of adaptation, differences are exaggerated to keep things separate and independent; or in the other mode of adaptation, differences are minimized in an effort to reduce conflict and contradiction in an effort to bring things together, and (c) with an emphasis on things and objects or on feelings and interpersonal relationships. These two modes of adaptation can range from relatively subtle and flexible modes of adaptation expressed in normal variations of personality or character organization or in relatively exaggerated, inflexible modes of (mal)adaptation in psychopathology. A grossly exaggerated imbalanced emphasis on one mode of adaptation, at various developmental levels, characterizes two primary configurations of psychopathology. Thus, while I agree with Shapiro that one should always be cautious about the elasticity of concepts and the tendency to use constructs too broadly, I think Shapiro seriously underestimates the power of these two developmental dimensions or processes that are fundamental in psychological development and in adaptive and maladaptive functioning including the rigid and passive-reactive modes of functioning that Shapiro has so meaningfully articulated.

I initially became aware of the importance of these two fundamental developmental dimensions early in psychoanalytic training in my analytic treatment of two depressed patients (e.g., Blatt 1974) when I noted major differences in preoccupations and modes of functioning between a patient whose depression focused on issues of loneliness and feelings of neglect and abandonment and a patient whose depression focused on issues of self-worth, responsibility and guilt. Subsequently, I realized that these two fundamental developmental processes of relatedness and self-definition were central in personality development (e.g., Blatt and Shichman 1983; Blatt and Blass 1990, 1996) and that these two developmental processes, at different developmental levels, are central in a wide range of psychopathology ranging from schizophrenia to the personality disorders and the neuroses (e.g., Blatt and Shichman 1983). And even later, I discovered that these two fundamental processes had been extensively considered in a wide range of theoretical formulations of personality development and personality organization – from classic psychoanalytic formulations (e.g., Freud 1930) to empirically based research investigations (e.g., Wiggins 1991).

The two dimensions of interpersonal relatedness and self-definition (or identity), have actually been viewed as fundamental in personality theory for many years. Angyal (1941, 1951) discussed surrender and autonomy and Bakan (1996) discussed communion and agency as two fundamental modalities of human experience. And much of Freud's theoretical model of personality development, from the beginning to the very end of his vast contribution, is constructed around this fundamental polarity of interpersonal relatedness and self-definition. Freud (1930, p. 142), for example, noted that "the development of the individual seems to be a product of the interaction between two urges: the urge toward happiness, which we call 'egotistic' and the urge toward union with others in the community, which we call 'altruistic'."

The fundamental polarity of relatedness and self-definition is expressed in Freud's oft-quoted statement that the two major tasks in life are "to love and to

work” as well as his (Freud 1914, 1926) distinctions between object and ego (or narcissistic) libido (investment in others or in the self), as well as between libidinal instincts in the service of attachment and aggressive instincts necessary for autonomy, mastery, and self-definition. Freud (1914, 1926) also differentiated two types of object choice: an *anaclitic* choice based on the mother who feeds and/or the father who protects and a narcissistic choice based on what one is, was, or wants to be. An anaclitic choice involves developing affectionate, need-satisfying relationships, whereas a narcissistic choice involves the use of others to enhance the self.

Freud (1930) extended this polarity of relatedness and self-definition (attachment and individuation) to concepts of psychopathology by distinguishing between two fundamental forms of anxiety. One source of anxiety derives from the internalization of superego (moral) authority and involves feelings of guilt and fears of punishment that are related to ego instincts (issues of self-assertion and mastery) that Freud viewed as opposing the progress of civilization. The second source of anxiety, “social anxiety,” involves the fear of loss of love and contact with others. Freud (1914, 1926) also linked these two primary dimensions of relatedness and self-definition (or attachment and individuation) to concepts of psychopathology in his differentiation of four primary dangers or traumas: (a) relational dangers involving feelings of helplessness associated with the loss of the mother or the loss of her love, and (b) self-definitional dangers involving a loss of superego approval and the fear of punishment because of assumed transgressions of omission or commission. Freud viewed the sense of helplessness that derives from separation from a loved object (Freud 1905, 1926) as particularly related to aspects of feminine development and he (Freud 1914, 1923, 1926) viewed the loss of superego approval and the threat of punishment, expressed in self-reproach and feelings of guilt, as more characteristic of masculine development. Hartmann et al. (1949) suggested that the fear of loss of the primary love object and her love (i.e., mother) is related to conflicts involving affectionate (libidinal) strivings; whereas the loss of superego approval and the threat of punishment (often from the father) are related to conflicts involving aggressive strivings and the struggle for individuation and identity. Impressed with the extent to which this fundamental polarity pervaded Freud’s wide-ranging contributions, Loewald (1962, p. 490) commented that “these various modes of separation and union.... [identify a] polarity inherent in individual existence of individuation and primary narcissistic union – a polarity that Freud attempted to conceptualize by various approaches and that he recognized and insisted upon from beginning to end [in]... his dualistic conception of instincts, of human nature, and of life itself.”

As reviewed in my recent (2008) book, *Polarities of Experience*, this fundamental duality or polarity was also central in a wide range of other psychoanalytic (e.g., Adler 1933; Rank 1929, 1945; Horney 1945, 1950; Sullivan 1953; Bowlby 1988a, b; Balint 1959; Shor and Sanville 1978; Kohut 1966) and non-psychoanalytic formulations (e.g., Angyal 1951; Bakan 1966; Benjamin 1974; Deci and Ryan 1985, 1991; Helgeson 1994; Helgeson and Fritz 1999; Markus and Oyserman 1989;

McAdams 1985; McClelland 1986; White 1959; Wiggins 1982, 1991, 1997) of personality development and organization.

These two fundamental personality developmental dimensions of interpersonal relatedness and self-definition are central in a number of contemporary personality theories including (a) *Beck's cognitive theory* (1983, 1999) in which Sociotropy (social relations) and Autonomy (individuality) are considered fundamental in depression and personality disorders, (b) *contemporary interpersonal theory* (e.g., Horowitz et al. 2006) which is organized around two primary orthogonal dimensions – communion (or nurturance and affiliation) and agency (or social dominance), (c) in *contemporary attachment theory and research* (e.g., Mikulincer and Shaver 2007; Meyer and Pilkonis 2005; Sibley 2007) that has identified two fundamental attachment patterns, attachment anxiety (e.g., fear of abandonment) and attachment avoidance (e.g., defensive self-sufficiency and social isolation), and (d) and in *Self-Determination Theory* (e.g., Deci and Ryan 1985, 1991) in which the constructs of relatedness and autonomy and competence are central. Thus, the formulation of the two configuration model is congruent with a number of contemporary formulations of personality organization.

The fundamental polarity of relatedness and self-definition has also been central in empirical personality research beginning with Henry Murray and David McClelland and colleagues (e.g., McAdams 1985; McClelland 1961, 1986; Winter 1973) who investigated extensively “affiliation and achievement or power” in personality organization. Jerry Wiggins (1991), a major proponent of the Five Factor Model (FFM), noted that the “meta-concepts of agency and communion” provide a higher order structure for the Five Factor Model of personality organization (e.g., McCrae and Costa 1990) as well as for the Interpersonal Circumplex personality model, two empirically derived personality theories prominent in contemporary conceptualization and measurement of personality dimensions (Luyten and Blatt, in press).

Thus, clinically-derived, theory-dominated, as well as empirically-based approaches to personality development, personality organization, and psychopathology all converge in indicating that interpersonal relatedness and self-definition (or attachment and autonomy) are two fundamental psychological developmental dimensions that provide a theoretical matrix for understanding personality development and for developing a classificatory system of psychopathology that links concepts of psychopathology to processes of personality development, variations in normal personality organization, as well as to processes of psychological development that can occur in the therapeutic process (Blatt 2008; Blatt and Behrends 1987; Mikulincer and Shaver 2007; Pincus 2005; Skodol and Bender 2009; Wiggins 1991). The identification of the centrality of interpersonal relatedness and self-definition as fundamental psychological processes has facilitated the establishment of a theoretical model of personality development and psychopathology that is theoretically coherent, one that has important implications for clinical practice and research (Luyten and Blatt, in press).

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